PLEASE NOTE: YOU MUST COMPLETE THE

FOLLOWING

BIRCH EWART, KOLASCH & BIRC F.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint faventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	LINGUISTIC RETRII	EVAL SYSTEM AN	D METHOD					
Fill in Appropriate Information -	the specification	was filed on August	o. If not attached hereto, 31, 2000			as		
For Use Without Specification	and amended on	(if applicat	ole) and/or					
Attached:		(ii applicat	as PCT					
Triabiles.	International App	olication Number			; and was			
	International Application Number; and w amended under PCT Article 19 on (if applicable)							
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended be any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention had not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that the application on which priority is claimed:							
	Prior Foreign Applie	Priority	Priority Claimed					
Insert Priority	rrioi roicigii Applii	Zation(s)			Filolity	Claimed		
Information:								
(if appropriate)	(Number)	(Country)		(Month/Day/Year File	ed) Yes	No		
	(Number)	(Country)		(Month/Day/Year File	ed) Yes	No		
	(Number)	(Country)		(Month/Day/Year File	ed) Yes	No		
	(Number)	(Country)		(Month/Day/Year File	ed) Çes	□ No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.							
Insert Provisional Application(s): (if any)	(Application Number) (Filing Da			(Filing Date)	rate)			
				(Filing Date)				
	(Application Number)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
	Country		Application Number		Date of Filing (Month/Day/Year)			
Insert Requested Information: (if appropriate)								
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and, insofar a the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manne provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
Insert Prior U.S.	(Application Number)		(Filing Date)	(0	a material manding about 1			
Application(s): (if any)	(Application Number) (F		(Filing Date)	(Status	(Status - patented, pending, abandoned)			
	(Application Number)		(Filing Date)	(Status	s - patented, pending, abandoned)			
Page I of 2				· · · · · · · · · · · · · · · · · · ·				



I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignce provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K. Mutter	(Reg. No. 29,680)
Charles Gorenstein	(Reg. No. 29,271)	Gerald M. Murphy, Jr.	(Reg. No. 28,977)
Leonard R. Svensson	(Reg. No. 30,330)	Terry L. Clark	(Reg. No. 32,644)
Andrew D. Meikle	(Reg. No. 32,868)	Marc S. Weiner	(Reg. No. 32,181)
Joe McKinney Muncy	(Reg. No. 32,334)	Donald J. Daley	(Reg. No. 34,313)
John W. Bailey	(Reg. No. 32,881)	John A. Castellano	(Reg. No. 35,094)
Gary D. Vacura	(Reg. No. 35.416)		,

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP

Customer No. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

GIVEN NAME/FAMILY NAME Jürgen BABST		OR'S SIGNATUI		487	16. 10. 200		
Residence (City, State & Country) Kassel, Hessen, Ger		,	·	CITIZENSHIF	mah		
POST OFFICE ADDRESS (Complete Street Address Am Julius stein 5 E,	including 0	City, State & Cour	ntry) COSS	el, b	ermany		
GIVEN NAME/FAMILY NAME Bruce R. BAKER	INVENT	OR'S SIGNATUI	Jak	(200)	DATE* 10-30-00		
Residence (City, State & Country) P 1 + S B u R c H P POST OFFICE ADDRESS (Complete Street Address	Α,	u SA		CIT IZEN SHIF U	SA		
840 ROLLING ROCK ROAD, PITTSBURGH PA 15034							
GIVEN NAME/FAMILY NAME Doug N. MILLER	INVENT	OR'S SIGNATUI	Mell		10/6/2000		
Residence (City, State & Country) BERLIN, OH US A		U		CITIZENSHIF			
POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 49.78 PARKWOOD DRIVE, BERLIN OH USA							
GIVEN NAME/FAMILY NAME Jeffrey C. MICHER		OR'S SIGNATUI	_		DATE*		
Residence (City, State & Country) PIHSBURGH, P	<u>А,</u>	USA		CITIZENSHIF	SA		
POST OFFICE ADDRESS (Complete Street Address 5228 GERTRUDE S				1 PA	15207		

Insert Citizenship Insert Post Office Address

Full Name of Second Inventor, if any: see ab

Full Name of Third ill Name or ... Inventor, if any: see above

Ill Name of rous.... Inventor, if any: see above

Full Name of Fourth

CITIZENSHIP

Full Name of Fifth GIVEN NAME/FAMILY NAME DATE* Inventor, if any Paul ANDRES Residence (City, State & Country) POST OFFICE ADDRESS (Complete Street Address including City, State & Country) SPRINCE/GEROUTE HUEPEDER STR 7 Full Name of Sixth GIVEN NAME/FAMILY NAME ill Name or o... Inventor, if any: see above Marianne CAMERON Residence (City, State & Country) CITIZENSHIP DALTON U5 POST OFFICE ADDRESS (Complete Street Address including City, State & Country) 15255 STANWOOD ST DALTON OH II Name or Inventor, if any: see above Full Name of Seventh CITIZENSHIP Residence (City, State & Country) POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Full Name of Eighth Inventor, if any: see above GIVEN NAME/FAMILY NAME **INVENTOR'S SIGNATURE** DATE* Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) ill Name or issue Inventor, if any: see ab Full Name of Ninth GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) ill Name or see. Inventor, if any: see above Full Name of Tenth GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Residence (City, State & Country) CITIZENSHIP POST OFFICE ADDRESS (Complete Street Address including City, State & Country) Full Name of Eleventh GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE* Ill Name or Live Inventor, if any: see above

Page 3 of 3 (Rev. 04/08/2000)

*DATE OF SIGNATURE

Residence (City, State & Country)

POST OFFICE ADDRESS (Complete Street Address including City, State & Country)